_	1. DATE SUBMITTED 2/02/00 2/07/00						
This form is in three parts. Submitters must complete unshaded blocks in Part A and as much of Part B as possible. WSH will complete Part C (implementation details). If there is no specific required change date, enter 60 days from date submitted. Address questions to NWS Change Management at (301) 713-1373. Submit change requests to the NWSRC mailbox (External: NWSRC@noaa.gov).							
2. ORIGINATOR OFFICE 3. SUE Name:				5. ORIGINATOR TRACKING NUMBER RC_APO31			
6. SYSTEMS AFFECTED BY CHANGE DATA PRODUCTS (Complete Data Products Supplement) ASOS X AWIPS CRS NEXRAD OTHER (specify)				7. WSH TRACKING NUMBER NWS 549			
8. TITLE OF CHANGE Alpha Test Wan Duplicate Checker							
9. TYPE OF CHANGE ☐ HARDWARE X SOFT	10. SITES AFFECTED (Att. RLX (See attachment A1A	ttach Part B, Page 2, if needed) A for details).					
11. STATEMENT OF REQUIREMENT, PROBLEM, OR DEFICIENCY OF EXISTING SYSTEM (Include problem report reference numbers.) Duplicate product storage is causing some sites operational difficulties and adversely impact other systems such as the NOAA Weather Radio System.							
Implement a software change tha	12. KNOWN OR PROPOSED SOLUTION (Include source and description of new features or data products.) Implement a software change that allows products arriving over the WAN to be compared with products already stored in the local AWIPS database and prevents storage of any given product more than once.						
13. ALTERNATE SOLUTIONS None.							
	CHANGE DATE This is the earliest possible date that this change can be alpha tested at RLX.						
Ti rebidaly 2000	CCB/PMC/CMB DECISION						
16. DECISION AUTHORITY LEVEL	☐ CCB LEVEL O	ONLY	PMC or NWS CMI	B DECISION REQUIRED			
17. CCB LEVEL DECISION	☐ APPROVED	15 A DDDQ (A)	SIGNATURE				
	☐ RECOMMENT	id approval 'Ed	DATE SIGNED				
FOR USE ONLY WHEN PMC or NWS CMB DECISION REQUIRED							
18. PMC OR NWS CMB DECISION	☐ APPROVED		SIGNATURE				
	☐ DISAPPROVE	<u>E</u> D	DATE SIGNED				

NWSRC Form 1001, 9/15/99

1. ORIGINATOR TRACKING NUMBER NWS CHANGE FORM **PART B** RC APO31 All RC/ECP submissions must also address the following information. Indicate if any areas are unknown or do not 2. WSH TRACKING NUMBER apply. State why information is unknown and when it will be available. Attach extra pages if necessary, referencing each applicable subject. FUNDING INFORMATION 3. SOURCE OF 4. TOTAL COST Estimate costs and indicate known sources of funding. (Include travel time, installation time, administrative **FUNDING** time, and software development time when applicable.) 5. DEVELOPMENT COSTS (Estimate development costs) KMOD **AMOUNT** This cost is associated with R5.0 development BASE \$ 6. OPERATIONAL TEST AND EVALUATION COSTS (Estimate test and evaluation costs) BASE AMOUNT \$0 N/A 7. PRODUCTION COSTS (Include acquisition, kit proofing, spares, delivery, and documentation costs) KMOD AMOUNT **BASE** \$0 8. COMMUNICATIONS SERVICE/CIRCUITS COSTS (Include installation and recurring costs) **AMOUNT** N/A \$0 KMOD **AMOUNT** 9. IMPLEMENTATION SUPPORT COSTS (Include travel, installation, and administrative costs) **BASE** This change will be pushed to RLX by the NCF as directed by the SST 9A. LIFE CYCLE SUPPORT COSTS (Less communications service/circuits) KMOD ___ **AMOUNT** Contractor (PRC) - NCF Operations Unknown SUPPORTING INFORMATION AND SCHEDULES Provide detailed information needed to implement the requested change. 10. DEVELOPMENT STATUS/SCHEDULE (Major milestones such as Start, Beta 11. PRODUCTION STATUS/SCHEDULE (Major milestones such as Test, and OT&E) Solicitation, Contract Start Date, Delivery Date, Kit Proofing, etc.) N/A 12. IMPLEMENTATION/RETROFIT SCHEDULE 13. FACILITY INFORMATION (Attach facility drawings/plans.) N/A 14. COMMUNICATIONS INSTALLED (Type required, who will order, and 15. COMMUNICATIONS SERVICE/CIRCUITS TO BE REMOVED associated hardware required; attach Part B, Page 2, if needed.) N/A 16. REQUIRED CLEARANCES, WAIVERS, AND LICENSES (Include person or 17. COORDINATION OF CHANGE WITH OTHER CHANGES organization responsible for obtaining each) N/A N/A 18. PHYSICAL ITEMS AND DOCUMENTS AFFECTED (Include part, serial, and 19. STAFF RESOURCE IMPACTS (Skills and workload impact on document numbers. Attach Part B, Page 2, if needed.) maintainers, operators, and managers.) N/A No recurring workload impacts. 20. LOGISTICS IMPACTS (Include facilities, maintenance, training, and support 21. OPERATIONAL IMPACTS (Include continuity and back up needs equipment impacts.) and plans.) N/A N/A 22. ADDITIONAL MAJOR CHANGE ACTIVITIES (Include who will accomplish each of them and staff hours required.) SST will coordinate with RLX to push the change to this site. SST and FSL will be available to the site for assistance.

NWS CHANGE FORM PART B - PHYSICAL ITEM AND DOCUMENT IMPACT MATRIX SUPPLEMENT					1. ORIGINATOR TRACKING NUMBER RC_APO31				
This information is required prior to publication of Engineering Modification Notes and Software Release Notes. List physical items to be replaced and specify any changes in related documentation. (Submitters should complete this information, if known. WSH will assist.)					2. WSH TRACKING NUMBER				
3. ITEM NAME, CIRCUIT 4. TYPE, SOFTWARE REN	4. REMOVE		R CONFIGURATION	6. SUPERSEDING PART NUMBER OR NEW	7. DOC TYPE			9. SUPERSEDING DOCUMENT	
VERSION, OR SITE LOCATION	REPLACE MODIFY	A. PART NUMBER OR CONFIGURATION	B. SERIAL NUMBER(S) OR COMMENTS	CONFIGURATION	=	A. IDENTIFIER	B. REV	A. IDENTIFIER	B. REV
N/A									
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NWS CHANGE FORM PART C	1. ORIGINA RC_APO:	TOR TRACKING NUMBER 31				
WSH is responsible for Part C, but submitters may complete sections that would help clarequirement or the necessary implementation actions.	arify the change	2. WSH TR NWS 549	ACKING NUMBER			
3. CCB COST EVALUATION						
NWS COST \$ FAA COST \$ DOD COST \$ OTHER AGENCY COST \$ TOTAL COST \$ (SPECIFY)						
4. IMPLEMENTATION DOCUMENTS REQUIRED						
☐ Engineering Modification Note ☐ Software Release Notes ☐ Other Document (Specify)						
ADDITIONAL IMPLEMENTATION INSTRUCTIONS (e.g., Implementation schedule, parts documentation required, and status reporting instructions.) Include documentation, data completion of the implementation activity.	a input, notification	ns, equipment disposal vehicle, or specific ac	procedures, additional step required to verify			
	6. REQUIRED COMPLETION DATE	7. RESPONSIBLE PERSON AND OFFICE	8. DOCUMENT OR ACTION REQUIRED TO VERIFY COMPLETION			
A. Coordinate implementation schedule with RLX through SST	03 Feb 00	Thigpen/SST,	N/A			
B. NCF Push the change to selected sites as directed by SST	04 Feb 00	W/APO3 Thigpen/SST,	See item C			
C. Ensure this change is reported to the Weather Service Headquarters (WSH) through the Engineering Management Reporting System (EMRS) according to the instructions in Engineering Hanbook number 4, part 2. Record this RC number (NWS529) in Block 17a of the EMRS report.	28 Feb 00	W/APO3 Finke, W/CR41x4 Machado, W/ER41x4 Garcia, W/SR41x4				
D. Ensure the appropriate WSH management information systems and configuration management data bases are updated to reflect these changes.	13 Mar 00	Fahy, W/WR411 Michelle deTommaso W/OSO113				